

## DECLARATION OF CONSENT TO THE NORWEGIAN MS REGISTRY AND BIOBANK

I have, in connection with the invitation to participate, been informed about the purpose of the Norwegian Multiple Sclerosis Registry and Biobank as well as about the conditions for its operation and the use of register data and samples.

### PATIENT RECORD DATA, BLOOD AND CEREBROSPINAL FLUID SAMPLES

1. I hereby consent to information about my condition being registered in the Norwegian MS Registry and Biobank.

YES	NO

2. I consent to blood samples (DNA and serum) being collected and stored in the Norwegian MS Registry and Biobank and to the cerebrospinal fluid sample collected in connection with the diagnostic procedure being stored in the Norwegian MS Registry and Biobank (no new sample will be collected).

YES	NO

### SELF-REPORTED QUALITY OF LIFE AND ASSESSMENT OF FOLLOW-UP AND TREATMENT

3. I consent to reporting data about my quality of life and treatment, including side effects and symptoms, as well as my perception of (satisfaction with) follow-up/treatment. These data will be collected via the Helse Norge website, a digital mailbox or by letter.

YES	NO

Name:

Personal identification number: (11 digits):

.....

.....

Place:

Date:

Signature:

.....

.....

.....

Signature of parent/guardian if you are under 16 years of age:

Place:

Date:

Signature:

.....

.....

.....

## DECLARATION OF CONSENT TO THE NORWEGIAN MS REGISTRY AND BIOBANK

SUBMITTED BY (HOSPITAL/PRACTICE):

## DECLARATION OF CONSENT TO THE NORWEGIAN MS REGISTRY AND BIOBANK

I have, in connection with the invitation to participate, been informed about the purpose of the Norwegian Multiple Sclerosis Registry and Biobank as well as about the conditions for its operation and the use of register data and samples.

### PATIENT RECORD DATA, BLOOD AND CEREBROSPINAL FLUID SAMPLES

1. I hereby consent to information about my condition being registered in the Norwegian MS Registry and Biobank.

YES	NO

2. I consent to blood samples (DNA and serum) being collected and stored in the Norwegian MS Registry and Biobank and to the cerebrospinal fluid sample collected in connection with the diagnostic procedure being stored in the Norwegian MS Registry and Biobank (no new sample will be collected).

YES	NO

### SELF-REPORTED QUALITY OF LIFE AND ASSESSMENT OF FOLLOW-UP AND TREATMENT

3. I consent to reporting data about my quality of life and treatment, including side effects and symptoms, as well as my perception of (satisfaction with) follow-up/treatment. These data will be collected via the Helse Norge website, a digital mailbox or by letter.

YES	NO

Name:

Personal identification number: (11 digits):

.....

.....

Place:

Date:

Signature:

.....

.....

.....

Signature of parent/guardian if you are under 16 years of age:

Place:

Date:

Signature:

.....

.....

.....